FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruction	10.																			
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Interactive Brokers Group, Inc. [ IBKR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Bright Jill															X Di	irector		10% O	wner	
(Last) (First) (Middle) ONE PICKWICK PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023										fficer (give elow)	title	Other ( below)	specify	
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)															Line)					
GREENWICH CT 06830															, , ,					
																Form filed by More than One Reporting Person				
(City)	(Stat	e) (2	ip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				Sec Ber Ow	Amount of curities neficially ned Follow ported	F   ([	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Tra	Transaction(s) (Instr. 3 and 4)			(iiidii i)	
Class A common stock 12					1/2023 01/04/		1/04/2	2024	A		302(1)	)	A \$82.9		(2)	2,199(3)		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)  2.			n Date,	4. Transaction Code (Instr. 8)		5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative ities red sed 3, 4	6. Date Expiration (Month/E	on Dat		or Numb		mount umber	8. Price Derivati Security (Instr. 5	ive deriva y Secur i) Benef Owne Follov Repor	ities icially d ving ted action(s	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

- 1. This represents an annual grant of restricted stock units under the 2007 Stock Incentive Plan as amended ("Plan") for being a member of the issuer's Board of Directors, which vested immediately on 12/31/2023.
- 2. The price represents the closing price of the issuer's Class A common stock on December 29, 2023.
- 3. This amount includes (a) securities acquired by the Reporting Person; (b) Class A common stock attributable to vested restricted stock units that were awarded under the Plan; and (c) unvested restricted stock units that were awarded under the Plan.

/s/ Raymond Bussiere as authorized signatory for Jill

01/05/2024

<u>Bright</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.